

**NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)**

☐ **Duplicate**
(check, if applicable)



MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.: 10844-41US (203025)
First Named Inventor: Kazumi TOYODA et al.
Express Mail Label No.: EV 312205185 US
Total Pages of Transmittal Form: 3

Transmitted herewith for filing is the non-provisional utility patent application entitled:

DEVICE FOR DETECTING A POSITION AND AN ORIENTATION OF A MEDICAL
INSERTION TOOL INSIDE A BODY CAVITY, AND DETECTING METHOD THEREFOR

which is:

an ☒ Original; or

a ☐ Continuation, ☐ Divisional, or ☐ Continuation-in-part (CIP)
of prior Application No. filed.

Anticipated Group/Art Unit: or Class , Subclass .

☐ This non-provisional patent application is based on Provisional Patent Application No. ,
filed .

Enclosed are:

☒ Specification (including Abstract) and claims: 23 pages.

☒ 4 sheets of drawings (formal).

☐ Application Data Sheet.

☒ Newly executed Declaration (copy).

☐ Copy of Declaration from prior application.

☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).

☐ Microfiche computer program (Appendix).

☐ Nucleotide and/or Amino Acid Sequence Submission, including:

☐ Computer readable copy ☐ Paper Copy ☐ Verified Statement.

☒ Under PTO-1595 Cover Sheet, an assignment of the invention

☒ Name of Assignee: Uchihashi Estec Co., Ltd.; and Ken IKEUCHI

☒ Certified copy of Japanese Application No. 2003-008812 filed January 16, 2003
is filed:

☒ herewith or ☐ in prior application.

☒ Applicants, by their undersigned attorney, claim Small Entity Status under 37 C.F.R. §1.27 as ☐ an Independent Inventor, or ☒ a Small Business Concern, or ☐ a Non-Profit Organization.

☐ Preliminary Amendment.

☒ Information Disclosure Statement, PTO/SB/08A, and cited references.

☐ Request for Nonpublication of Application Under 35 U.S.C. §122(b)

☐ Other:

The filing fee is calculated as follows:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE:			BASIC FEE:	
			\$385			\$770	
Total	12-20 =	0	X9	\$ ----	OR	X18	\$
Independent	2- 3=	0	X43	\$ ----	OR	X86	\$
<input type="checkbox"/> Multiple Dependent Claims Present			\$145	\$ ----	OR	\$290	\$
			TOTAL	\$ 385.00	OR	TOTAL	\$

☐ The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts

☒ A check in the amount of \$385.00 to cover the filing is enclosed.

☒ The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-1017 (Billing No. 210844.0041)** as noted below. A duplicate copy of this sheet is enclosed.

☒ Any overpayments or deficiencies in the above-calculated fee.

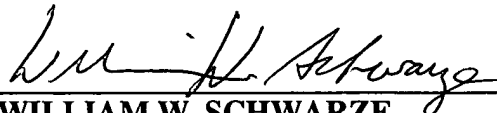
☐ Filing fee in the amount of \$_____ as calculated above.

☒ Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.

☒ In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

October 29, 2003
(Date)

By: 

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WWS:msb

Enclosures